

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

7255 63-030389

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED JUL 19 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>1 year</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2207 College Avenue</b>		d. STREET ADDRESS (If outside, give location) <b>2207 College Avenue</b>	
3. NAME OF DECEASED (Type or print) First <b>Jesse</b> Middle <b>J</b> Last <b>Pfannebecker</b>		4. DATE OF DEATH Month <b>July</b> Day <b>12</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-16-1887</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Driver (retired)</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Canada Dry Co &amp; Hase Shoe Co</b>	
10a. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		10b. CITIZEN OF WHAT COUNTRY <b>USA</b>	
11a. FATHER'S NAME <b>Henry Pfannebecker</b>		11b. MOTHER'S MAIDEN NAME <b>Kate Kiefer</b>	
12a. NAME OF HUSBAND OR WIFE <b>Minnie Pfannebecker</b>		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Diabetes Mellitus</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>260x</b>		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	16a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour <b>12</b> a.m. <b>noon</b> Month, Day, Year <b>May 1963</b>	18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>May 1963</b>		
19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20. CITY, TOWN, OR LOCATION <b>St. Louis, Missouri</b>		
21. I attended the deceased from <b>May 1963</b> to <b>July 1963</b> and last saw her alive on <b>July 12 1963</b> Death occurred at <b>12 Noon</b> on the date stated above, and to the best of my knowledge from the causes stated.		22. SIGNATURE (Degree or title) <b>Alonius A. Wild M.D.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 15, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
24. FUNERAL DIRECTOR <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave St. Louis, Missouri</b>		25. DATE REG. BY LOCAL REG. <b>JUL 13 1963</b>	
26. REGISTRAR'S SIGNATURE <b>W. Smith M.D.</b>		27. DATE SIGNED <b>7/12/63</b>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.